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Subst	itute for form 1449/PTO			Complete if Known		
				Application Number		
18.0	CODMATION	וחו	eci nelibe	Filing Date		
				Application Number Filing Date First Named Inventor ABBAS ARAB Art Unit Examiner Name		
ST	ATEMENT E			Art Unit		
`	(Use as many she	ets as	necessary)	Examiner Name		
Sheet	1	of	1	Attorney Docket Number	OWA149	

			U. S. PATEN	DOCUMENTS	
Examiner Initials*	Cite No.1	Document Number	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
0-1/-		Number-Kind Code ^{2 (7 tnown)}			
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